



1,2/642

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Khosravi *et al.*

FILED: March 7, 2002

SERIAL NO.: 10/092,769

FOR: Insulin-like Growth Factor System and Cancer

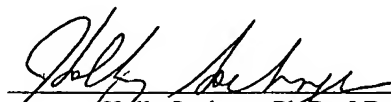
§ ART UNIT:  
§ 1642  
§  
§ EXAMINER:  
§ Fetterolf, Brandon J.  
§  
§ DOCKET: 28758.65

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING UNDER 37 CFR 1.8

I hereby certify under 37 CFR 1.8 that the following correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450. Please return the enclosed postcard acknowledging receipt of this correspondence.

Date: November 15, 2005

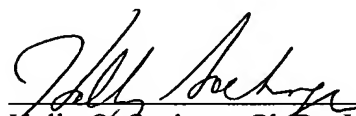
  
Holly Soehnge, Ph.D., J.D.

Dear Sir:

Please find enclosed a Power of Attorney to Prosecute Applications before the USPTO for the above-referenced patent application, with a requested change in correspondence address, and the required statement under 37 CFR 3.73(b). Applicant believes no additional fees are due at this time; should this prove to be in error, please contact the undersigned for immediate resolution.

Respectfully submitted,

Date: November 15, 2005  
Diagnostic Systems Laboratories, Inc.  
445 Medical Center Boulevard  
Webster, TX 77598  
(281) 332-9678  
hsoehnge@dslabs.com

  
Holly O. Soehnge, Ph.D., J.D.  
Registration No. 54,786  
Counsel for Applicant



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO**

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☐ Practitioners associated with the Customer Number:☒ OR

Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number
Holly D. Soehnge	54,786		

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Diagnostic Systems Laboratories, Inc. <i>Attn: In-house Counsel</i>		
Address	445 Medical Center Blvd.		
City	Webster	State	TX Zip 77598
Country	USA		
Telephone	(281) 332-9678	Email	hsoehnge@dslabs.com

Assignee Name and Address:  
Diagnostic Systems Laboratories, Inc.  
445 Medical Center Blvd.  
Webster, TX 77598

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

**SIGNATURE of Assignee of Record**

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature	<i>Gopar Saljani</i>	Date	May 16, 2005
Name	GOPAR SALJANI	Telephone	281-332-9674
Title	President		

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Javad Khosravi, et al.Application No./Patent No.: 10/092,769 Filed/Issue Date: March 7, 2002Entitled: Insulin-like Growth Factor System and Cancer

(The above application is a continuation of US Application No. 09/484,903, now US Patent No. 6,448,086, for which the recorded assignment information is given in A. below.)

Diagnostic Systems Laboratories

(Name of Assignee)

, a corporation

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.  
The extent (by percentage) of its ownership interest is \_\_\_\_\_ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 011385, Frame 0475, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Signature

November 15, 2005

Date

Holly Soehnge

Printed or Typed Name

281-332-9678 ext. 1205

Telephone Number

In-house Counsel

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.